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TO: U.S. Patent & Trademark Office

NAME: Examiner Jeffrey Pwu

DATE & TIME: 09/23/03

CONFIRMATION:

PAGES TO FOLLOW: 36

FAX NUMBER: 703/872-9326

FROM: Morris, Manning & Martin, LLP

CHARGE TO:

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Applicant: Morea et al.

Serial No.: 09/476,384

Docket No.: 4526-32214

Filing Date: 12/30/1999

SEP 24 2003

Title: A Computer-Implementable Method for Using an On-Line Cash Register

Enclosures: One (1) Transmittal Form; One (1) Fee Transmittal for FY 2003; One (1) Patent Application Fee Determination Record; One (1) Credit Card Payment Form; One (1) Petition for Extension of Time Under 37 CFR 1.136(a); One 31-page Amendment and Response to Third Office Action and Record of Interview.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/476,384	
	Filing Date	December 30, 1999	
	First Named Inventor	Morea et al.	
	Art Unit	3628	
	Examiner Name	Pwu, Jeffrey	
Total Number of Pages in This Submission	37	Attorney Docket Number	4528-32214

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: Patent Application Fee Determination Record; Credit Card Payment Form.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John R. Harris
Signature	<i>John R. Harris</i>
Date	September 23, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being <u>facsimile transmitted</u> to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature	<i>John R. Harris</i>	Date	September 23, 2003

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